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PROCESSED

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

JUL 2 2 2008 🔀

THOMSON REUTERS

FORM D

NOTICE OF SALE OF SECURITIES SPURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Num	ber:	323	5-0076			
Expires: Estimated	Apri	30,2	8008			
Estimated '	avera	ge burd	ien			
hours per r	espon	se	16.00			

SEC USE ONLY						
Prefix	Serial					
DATÉ RECEIVED						
l l	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) First Juice, Inc. Series C Preferred Stock	T WOS
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	——————————————————————————————————————
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	-0036181
First Juice, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	917-841-8294 Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	telephone Number (including Alea Code)
Brief Description of Business	SEE Mail Brocessing Section
Type of Business Organization corporation business trust limited partnership, already formed business trust limited partnership, to be formed	olease specify): JUL 159Ann
Month Year Actual or Estimated Date of Incorporation or Organization: 0 2 0 1 Actual Estim Iurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	Washington, DC 111
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6)).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support to the filed with the SEC.	rt the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for subLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION —	vention Conversely failure to file the
Failure to file notice in the appropriate states will not result in a loss of the federal example appropriate federal notice will not result in a loss of an available state exemption unterfiling of a federal notice.	xemption. Conversely, failure to file the iss such exemption is predictated on the

thought Million the ball, Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Glasser, David Business or Residence Address (Number and Street, City, State, Zip Code) 477 Route 10 East, Suite 201, Randolph, NJ 07869 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Allan H. Carlin Business or Residence Address (Number and Street, City, State, Zip Code) 708 Third Avenue, New York, NY 10017 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Laughlin, Scott (Number and Street, City, State, Zip Code) Business or Residence Address 477 Route 10 East, Suite 201, Randolph, NJ 07869 Check Box(es) that Apply: Promoter Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Thomas, Cheryl Business or Residence Address (Number and Street, City, State, Zip Code) 477 Route 10 East, Suite 201, Randolph, NJ 07869 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Julie Smolyansky Business or Residence Address (Number and Street, City, State, Zip Code) 6431 West Oakton Avenue, Morton Grove, IL 60053 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Lifeway Foods, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 6431 West Oakton Avenue, Morton Grove, IL 60053 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

One Farmstead Road, Short Hills, NJ 07078

Business or Residence Address (Number and Street, City, State, Zip Code)

Vayikra Capital, LLC

a bather have notice after appear Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Check Box(es) that Apply: ☐ Director General and/or Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Klausner, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 477 Route 10 East, Suite 201, Randolph, NJ 07869 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Check Box(es) that Apply: Director Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

	B. INFORMATION ABOUT OFFERING											
								Yes	No			
I. Has the	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							C				
2. What is	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?							s 1.5	0			
2. What is	2. What is the minimum investment that will be accepted from any individual?							Yes	No			
					de unit?						R	
commis If a pers or state	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name (None/ Not		first, if ind	ividual)									
Business or		Address (N	lumber and	1 Street, C.	ity, State, Z	(ip Code)						
					,,,	,						
Name of As	sociated Br	oker or De	aler									
States in WI	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						-
(Check	"All States	" or check	individual	States)			••••••	***************************************	•••••		☐ Ali	States
AL	[AK]	[AZ]	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR OVER	PA
RL	SC	SD	TN	TX)	UT	VT	VA	WA	WV	<u>w</u> 1	WY	[PR]
Full Name (Last name	first, if ind	ividual)									
Business or	Residence	Address ()	Number an	d Street C	lity State	Zin Code)						
24,												
Name of As	sociated Br	oker or De	aler		•							
States in WI	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	or check	individual	States)				****************	·····		☐ All	States
AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
IL	IN	[IA]	KS	KY)	LA	ME	MD	ΜA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM)	NY	NC	ND	OH	<u>ok</u>	OR	PA
RI	SC	SD	TN	TX	UT	VT	[VA]	WA	(WV)	(WI)	WY	PR
Full Name (Last name	first, if ind	ividual)									
Dusiness of	Dacidana	Address ()		d Street C	Situ State	7in Code)			'			<u>.</u>
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
							□ All	States				
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	[WV]	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	3,000,000.00	\$_1,781,910.00
	Equity		\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests		
	Other (Specify)		
	Total	3,000,000.00	s 1,781,910.00
	Answer also in Appendix, Column 3, if filing under ULOE.	-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases \$ 1,789,910.00
	Accredited Investors		\$ 0.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		s
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees		\$_12,000.00
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue Sky filings, miscellaneous		\$ 3,120.00
	Total		§ 15,120.00

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	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	l	\$	
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par-	ny purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross			
	•	,	Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		\$ 500,000.00	 √ \$ 550,000.00	
	Purchase of real estate				
	Purchase, rental or leasing and installation of mad	chinery	Z \$	\$ 500,000.00	
	Construction or leasing of plant buildings and fac	cilities	\$	\$	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	□ ¢	m e	
	Repayment of indebtedness		_	_	
	Working capital				
	Other (specify):		□ '—— □ \$	\$ 550,000.00	
				Z 2 600,000.00	
	Column Totals		5 500,000.00	\$ 2,484,880.0	
	Total Payments Listed (column totals added)			∑ \$ <u>2,984,880.00</u>	
Г		D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commi	ssion, upon writter	le 505, the following n request of its staff,	
İss	uer (Print or Type)	Signature	Date		
	st Juice, Inc.	(elle IL Car	July 14, 2008		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Alla	n H. Carlin	Secretary			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)